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SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address

Attorney Docket No.: LSN-4CDXCD1
Application No. : 10/736,804
Filing Date : December 15, 2003
Applicant : John E. Larson
Art Unit : 3632

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PTO/SB/82 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|-------------------|
| Application Number | 10/736,804 |
| Filing Date | December 15, 2003 |
| First Named Inventor | John Larson |
| Art Unit | 3632 |
| Examiner Name | |
| Attorney Docket Number | LSN-4CDXCD1 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

46271

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

John E. Larson

Date

JAN 30th 2006

Telephone

(406) 363-3804

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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